

Case Number:	CM15-0039388		
Date Assigned:	03/09/2015	Date of Injury:	07/03/2012
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old male who sustained an industrial injury on 07/03/2012. Current diagnoses include lumbar sacroilitis, lumbar myofascial pain, and lumbar facet arthropathy. Previous treatments included medication management, blocks, and home exercise program. Report dated 01/09/2015 noted that the injured worker presented with complaints that included a flare for the past two weeks, with more right sided radicular symptoms that extend from the back down the right leg. Physical examination was positive for abnormal findings. The physician noted that the injured worker has not had any relief from blocks in the past, has tried Voltaren gel with no relief, and has not been able to tolerate other medications in the past. The treatment plan included continued home exercise program, continue working, request for acupuncture, and follow up in six to eight weeks. The claimant was approved for an initial 6 acupuncture trial on 3/12/13. Acupuncture notes were submitted on 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional acupuncture 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.